

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J.H.	PH	3/29/01
O.I.P.E. CLASSIFIER			4/3
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	CG	Walden	5-24-01 6-30-01

INDEX OF CLAIMS

BEST AVAILABLE COPY

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	01/02
2	✓	✓	01/03
3	✓	✓	06/03
4	✓	✓	12/03
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
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49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	01/02
52	✓	✓	01/03
53	✓	✓	06/03
54	✓	✓	12/03
55	✓	✓	
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57	✓	✓	
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100	✓	✓	

Claim	Final	Original	Date
101	✓	✓	
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106	✓	✓	
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142	✓	✓	
143	✓	✓	
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146	✓	✓	
147	✓	✓	
148	✓	✓	
149	✓	✓	
150	✓	✓	

If more than 150 claims or 10 actions  
 staple additional sheet here

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